No. W 87764	Due no later than Oct 31, 2018	2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address: Correct in this box if n	BRUCE A KNIEFEL 2621 E STARCREST DR BOISE ID 83712
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	CONRA LLC BRUCE KNIEFEL 2621 E STARCREST DR	BOISE ID 63/12
	BOISE ID 83712	3. New Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Limited Liability Companies: Enter N	ames and Addresses of at least one Member or Mana	nager.
Office Held Name	Street or PO Address	City State Country Postal Code
MEMBER FELIX ARA	MBURU 1809 PRIEST AVENUE	BOISE ID 83706
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Connie Kniefel	Date: 08/19/2018
W 87764	Name (type or print): Connie Kniefel	Title: Officer
Processed 08/19/2018	* Electronically provided signatures are accepted as	as original signatures.